



No-Cost Reproductive Rights, HIV PrEP and PEP and Gender Affirming Care Drug List



Medication Covered at \$0 Cost to You

Updated February 2025

As of Jan. 1, 2024, the state of Illinois requires certain health plans to cover abortion medications, hormonal therapy for gender dysphoria, and HIV pre-and post-exposure prophylaxis. Your health plan may include coverage for certain reproductive, HIV PrEP and PEP and gender affirming care medicines, as a benefit of membership, at no cost to you. There is no co-pay, deductible or coinsurance, even if your deductible or out-of-pocket maximum has not been met.*

- Below are examples of drugs that are covered for abortion and HIV pre-and-post-exposure prophylaxis. This list is not all-inclusive. It will be reviewed from time-to-time and is subject to change.
- Hormone therapy medications for treatment of gender dysphoria are covered at \$0 through a copay waiver process. For these medications to be covered at \$0, your doctor must submit a copay waiver form. Your doctor can find the form on our provider website at bcbsil.com. These medications are not listed below.

Drugs on this list may be covered under your medical or pharmacy benefit. Age limits, restrictions and other requirements may apply.**

REPRODUCTIVE RIGHTS AND HIV PREP AND PEP DRUG LIST	
ABORTIFACIENTS: misoprostol tab 100 mcg, 200 mcg mifepristone tab 200 mg	HIV POST-EXPOSURE PROPHYLAXIS (PEP) DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada) ISENTRESS - raltegravir potassium chew 25 mg, 100 mg ISENTRESS - raltegravir potassium 100 mg packet for susp ISENTRESS - raltegravir potassium tab 400 mg (base equivalent) TIVICAY - dolutegravir sodium tab 50 mg (base equivalent) TIVICAY - dolutegravir sodium 5 mg tab for oral susp
HIV PRE-EXPOSURE PROPHYLAXIS (PREP) APRETUDE - cabotegravir im extended release susp 600 mg/3 mL DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS

* Members on a high-deductible health plan must first meet their deductible before \$0 member cost-sharing can begin.

** Members receiving care outside of Illinois will be subject to the laws of the state where service is requested.

This information is for informational purposes only, does not constitute legal or other advice and should not be relied upon to determine coverage. Treatment decisions are between the member and his or her health care provider. Coverage is always subject to the terms and limits of the benefit plan. For details about your plan, check your benefit materials or call the number on your member ID card.

Third-party brand names are the property of their respective owners.